

INSTRUCTIONS: If the child is being adopted or readopted in the United States, complete when the adoption or readoption is finalized. If the child was adopted in the foreign country and is not being readopted in the United States, complete after the child has arrived in the United States. If the child was removed from the adoptive placement before the adoption was finalized, complete at the time of removal. Do not submit for a removal if the child is immediately replaced with at least one of the parents from whom he or she was removed.

CALIFORNIA DEPARTMENT OF
SOCIAL SERVICES
DATA OPERATIONS BRANCH, M.S. 19-81
P.O. BOX 944243
SACRAMENTO, CA 94244-2430

The appropriate entry for a ☐ is a cross ☒

For is a number

Round all dollar amounts. No spaces are allowed for cents.

A. CHILD'S NAME	D. STATE CASE NUMBER (Include County Prefix) <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">ALPHA</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">NUMERIC</div> <div style="border-bottom: 1px solid black; width: 20px; text-align: center;">AD</div> </div>
B. ADOPTIVE PARENT'S NAME	E. TYPE OF REPORT <div style="display: flex; justify-content: space-around;"> COMPLETED ADOPTION <input type="checkbox"/> 1 REMOVAL <input type="checkbox"/> 2 </div>
C. AGENCY NAME AND LOCATION <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: flex-end; align-items: center;"> CODE <div style="border-bottom: 1px solid black; width: 100px; text-align: center;"> <div style="display: flex; justify-content: space-around; height: 20px;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div> </div>	F. TYPE OF INTERCOUNTRY ADOPTION <div style="display: flex; justify-content: space-around;"> INITIAL ADOPTION IN CALIFORNIA <input type="checkbox"/> 1 ADOPT ABROAD <input type="checkbox"/> 2 </div>

(NOTE: If day of action is unknown, leave blank, but provide month and year.)

1. Country of child's origin _____
2. Date child last resided with one or both birth parents: Unknown ☐ 1 Never ☐ 2 MONTH DAY YEAR
3. Was the child adopted in the foreign country? If YES, complete Item 3A. If NO, complete Item 3B. YES ☐ 1 NO ☐ 2

A. Complete only if child adopted in foreign country.

- (1) Date adoption finalized in the foreign country MONTH DAY YEAR

- (2) Was the child readopted in the United States? YES ☐ 1 NO ☐ 2
MONTH DAY YEAR

a. If YES, date readoption completed

--	--	--	--	--	--

B. Complete only if child not adopted in foreign country.

- (1) Was guardianship established in the foreign country? YES ☐ 1 NO ☐ 2

a. If YES, date guardianship established.....

MONTH	DAY	YEAR

- (2) Please enter the date for only one of the following:
- a. Date adoption finalized in United States MONTH DAY YEAR
- OR**
- b. Date of removal MONTH DAY YEAR

4. Date child arrived in United States.....

5. Date child began living with this family | | | | |

6. Was another licensed adoption agency in the United States involved in arranging this placement? YES ☐ 1 NO ☐ 2

7. Was an unlicensed adoption facilitator in the United States involved in arranging this placement? YES ☐ 1 NO ☐ 2

8. Sex MALE ☐ 1 FEMALE ☐ 2

MONTH DAY YEAR

9. A. Birthdate

--	--	--	--	--

- B. Is the birthdate actual or assigned? (Enter Code).....
- | | | |
|------|----------|------------|
| Code | 1 Actual | 2 Assigned |
|------|----------|------------|

10. Was this child known to the family or selected by an agency? (Enter code)
 Code 1 Known to family 2 Selected by agency

11. Primary reason child is available for adoption
(Enter Code)
- Code
- 1 Parent(s) deceased
2 Child abandoned
3 One parent deceased and other abandoned
4 Other (specify)

- 12.A. Was this child previously placed for adoption with another family? (*Adoptive Placement Agreement was signed.*) YES ☐ 1 NO ☐ 2
Do not include placements where the child is now being adopted by at least one of the parents with whom he or she was placed previously.

B. Number of previous adoptive placements.....

13. Indicate which, if any, of the following conditions the child has.

(Check all that apply)

- | | |
|---|-----------------------------|
| Mental retardation | <input type="checkbox"/> 01 |
| Visual or hearing impairment | <input type="checkbox"/> 02 |
| Physical disability | <input type="checkbox"/> 03 |
| Emotional disturbance | <input type="checkbox"/> 04 |
| Medical condition | <input type="checkbox"/> 05 |
| Behavioral problems | <input type="checkbox"/> 06 |
| Developmental delay | <input type="checkbox"/> 07 |
| Language development delay | <input type="checkbox"/> 08 |
| Attention deficit disorder (ADD/ADHD) | <input type="checkbox"/> 09 |
| <u>Adverse parental background</u> | |
| Mentally ill birth parent | <input type="checkbox"/> 10 |
| Drug exposed during pregnancy | <input type="checkbox"/> 11 |
| Other adverse parental background | <input type="checkbox"/> 12 |
| No problems identified | <input type="checkbox"/> 99 |

14. Birthdate(s) of birth parent(s): _____

14. Birthdate(s) of birth parent(s):
- | | UNK | ESTIMATED | MONTH | DAY | YEAR |
|-----------|----------------------------|----------------------------|-------|-----|------|
| A. Mother | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |
| B. Father | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |

15. Did either of the birth parents meet the adoptive parent(s) face to face?YES ☐ 1 NO ☐ 2

PART IV. DATA ON LEGAL/BIRTH PARENT(S) AND ADOPTING PARENT(S)

- 16.A. Race: (for each parent, enter code for race; for mixed parentage, enter code for primary group)

<u>BIRTH PARENT(S)</u>		<u>ADOPTING PARENT(S)</u>	
MOTHER	FATHER	MOTHER	FATHER

Code

- | | | | |
|----|------------------------------------|----|--------------|
| 01 | White | | |
| 03 | Black | 07 | Chinese |
| 04 | Other Asian/
Pacific Islander | 08 | Cambodian |
| | | 09 | Japanese |
| 05 | Filipino | 10 | Korean |
| 06 | Alaskan Native/
American Indian | 11 | Samoan |
| | | 12 | Asian/Indian |
| | | 13 | Hawaiian |
| | | 14 | Guamanian |
| | | 15 | Laotian |
| | | 16 | Vietnamese |
| | | 17 | Unknown |

PLEASE COMPLETE REVERSE SIDE OF THIS PAGE.

	BIRTH PARENT(S)		ADOPTING PARENT(S)	
	MOTHER	FATHER	MOTHER	FATHER
B. Is this person of Hispanic origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code 1 Yes 2 No				

	BIRTH PARENT(S)		ADOPTING PARENT(S)	
	MOTHER	FATHER	MOTHER	FATHER
17. Education: For each parent, enter code for highest grade completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code 1 8th grade and under 5 Four-year college graduate				
2 Some high school 6 Post graduate degree				
3 High school graduate 7 Unknown				
4 Some college/trade school				

PART V. DATA ON ADOPTING PARENT(S)

18. Date application received	MONTH DAY YEAR
19. Date approved for placement	MONTH DAY YEAR
A. Did the adoptive parent(s) go to the foreign country?	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2
B. If YES, was the trip optional or required?	Opt. <input type="checkbox"/> 1 Req'd <input type="checkbox"/> 2
C. How many trips did the adoptive parent(s) make to the foreign country? (Enter number)	<input type="text"/>
20. Is the child being adopted by only one adopting parent? (Enter code)	<input type="checkbox"/>
Code 1 No 2 Yes, father is sole adopting parent 3 Yes, mother is sole adopting parent	
21. Is adopting parent(s) related to child by blood, marriage or through previous adoption? (Enter code)	MOTHER FATHER
Code 1 No If YES, enter code:	
2 Grandparent 5 Cousin	
3 Aunt/Uncle 6 Sibling	
4 Cousin 7 Other (specify)	
22. Marital status of adopting parent(s) at time of placement (Enter code)	MOTHER FATHER
Code 1 Mother 2 Not married 3 Separated	
23. Birthdate(s) of adopting parent(s):	MONTH DAY YEAR
A. Mother	
B. Father	
24. Number of minor children in family of adopting parent(s):	
A. This adoptive child	1
B. Other children being adopted:	
01 Birth siblings	
01 Birth siblings (Specify state IAD case number(s) and name(s))	
02 Non siblings of this child	
(Specify state ADA, AD or IAD case number(s) and name(s))	
C. Previously adopted (except stepparent)	
D. Biological children of either parent	
E. Foster children	
F. Wards (guardianship cases)	
G. Other children	
H. Total minor children in family	

25. Number of adults living in adoptive home at time of placement:	
A. Adoptive parent(s)	
B. Adult children of either adoptive parent (18 and over)	
C. Mother and/or father of either adoptive parent	
D. Other relatives	
E. Unrelated adults	
F. Wife or husband (if single parent adoption)	
G. Total adults living in adoptive home	MOTHER FATHER
26. Employment status of adoptive parent(s) prior to adoptive placement of this child. (Enter code.)	

Code Selection

01 Employed full-time 02 Employment part-time (less than 25 hours per week)
03 Not employed

27. Annual gross income of adopting parent(s) (earned and unearned) in whole dollars	Whole Dollars
28. A. Adoption agency fee for this child paid by adopting family	Whole Dollars
B. Fee is: (Enter code)	

Code Selection

1 Full amount 2 Reduced 3 Waived 4 Unknown (out of state only)

PART VI. DATA ON REMOVAL

Complete this section only if AD 42ICA is submitted due to a removal from placement.

29. Enter code to indicate the primary reason for removal	
Death	Initiated by agency due to:
1 Death of child	3 Abuse or neglect of child
2 Death of adoptive parent(s)	4 Inability to meet child's needs
Initiated by adoptive parent(s) due to:	
5 Child's behavior or care needs	
6 Factors not directly related to child (e.g., dissolution of marriage, financial problems)	
Other	
7 (Specify)	
30. The plan at the time of removal was for the child to be placed (Enter code)	
Code Selection	
01 In a nonrelative foster home	07 In the foreign country, but not with birth parents (returned to the foreign country)
02 In a relative foster home	08 In the same home, but in foster care status
03 With a foster family agency	09 Unknown
04 In a group home	10 In the same home, but in guardianship status
05 In another adoptive home	
06 With birth parent(s)	
31. Check any of the following services which were provided during the adoptive placement (e.g., between the time of the placement for adoption and the removal).	
1 Individual or family counseling	<input type="checkbox"/> 1
2 Out of home placement including psychiatric hospitalization	<input type="checkbox"/> 2
3 Other (specify)	<input type="checkbox"/> 3
4 Unknown	<input type="checkbox"/> 4

Completed by: (Please print)

NAME

PHONE NUMBER

DATE

INSTRUCTIONS FOR COMPLETING THE INTERCOUNTRY ADOPTION PROGRAM INDIVIDUAL CASE REPORT FORM AD 42ICA (REVISED 1/00)

CONTENT AND PURPOSE

A Form AD 42ICA shall be completed for each intercountry adoption completed by a California family and for each intercountry adoption program child removed from an adoptive placement prior to finalization of the adoption. If the child is being adopted or readopted in California, the form is completed at the time the adoption or readoption is finalized. If the child was adopted in the foreign country and is not being readopted in California, the form is completed after the child has arrived in the United States. If the child is removed from the home, the form is completed the time of removal. The form is used to collect characteristics of Intercountry Adoptions Program children who are adopted or removed from adoptive placements, their birth parents, and their adoptive parents.

SUBMITTAL INSTRUCTIONS AND DUE DATE

All private adoption agencies licensed to provide intercountry adoption services shall complete and submit Form AD 42ICA, Intercountry Adoption Program, Individual Case Report. Please provide a copy of these instructions to every staff person who completes the form.

Individual case reports should be submitted within twenty days after the date the adoption was completed, the child was removed from the adoptive placement, or, in the case of a child adopted in the foreign country and not readopted in California, the child's arrival in California. Send the original copy of the form to:

California Department of Social Services
Data Operations Branch
P.O. Box 944243, M.S. 19-81
Sacramento, CA 94244-2430

Retain a copy of the completed form for your records.

GENERAL INFORMATION

An AD 42ICA shall be submitted for each intercountry adoption completed by a California family and for each Intercountry Adoption Program child removed from an adoptive placement. If the child is being adopted or readopted in California, the form is submitted at the time the adoption or readoption is finalized. If the child was adopted in the foreign country and is not being readopted in California, the form is submitted after the child has arrived in the United States. If the child who has not been adopted in a foreign country is removed from the adoptive placement prior to finalization of the adoption, the form is completed at the time of removal. If more than one child is adopted by the same adoptive parent(s), prepare a separate AD 42ICA for each child.

The California agency having responsibility for the child will complete the entire form.

CASE IDENTIFICATION SECTION

Item A Child's Name. Enter the name of the child as shown on the AD 551A, "Notice of Action in Lieu of Relinquishment."

Item B Adoptive Parent's Name. Enter the names of the adoptive parents.

CASE IDENTIFICATION SECTION - (Continued)

- Item C Agency Name and Location. Enter the full name and code designation of the agency.
- Item D State Case Number. Enter the complete state number with prefix; e.g., FAD 321 ICA. This number is assigned at the time the AD 551A is issued.
- Item E Type of Report. Enter an "X" in the appropriate box.
- Item F Type of Intercountry Adoption. Enter an "X" in the appropriate box. If child was not adopted in the foreign country, check box 1. If the child was adopted in the foreign country, check box 2, even if the child was readopted in California.

PART I - GENERAL CASE INFORMATION (For dates, if day is unknown, leave space blank, but give month and year)

- Item 1 Country of child's origin. Enter the name of the country of the child's birth.
- Item 2 Date child last resided with one or both birth parents. Enter the date that the child last resided with one or both birth parent(s) on a regular basis. If the date is unknown, enter an "X" in box 1. If the child was separated from the birth parent(s) at birth, enter an "X" in box 2.
- Item 3 Was the child adopted in the foreign country? Enter an "X" in the appropriate box. Indicate "yes" if the child was adopted by at least one adopting parent while the child was still living in the foreign country.
- If the child was adopted in the foreign country, i.e., Item F = adopt abroad, complete Item 3A. If the child was not adopted in the the foreign country, i.e., Item F = initial adoption in California, completed Item 3B.
- Item 3A(1) Date adoption finalized in the foreign country. Enter the date of the foreign country's court order ordering that the adoption be granted.
- Item 3A(2) Was the child readopted in the United States? Enter an "X" in the appropriate box. If the child was readopted in the United States, enter the date of the court order granting the adoption.
- Item 3B(1) Was guardianship established in the foreign country? Enter an "X" in the appropriate box. If guardianship was established in the foreign country, enter the date of the court order establishing guardianship.
- Item 3B(2) Date of finalization or removal. If Item E indicates this is a completed adoption, complete 3B(2)a. Enter the date of the court order granting the adoption. If Item E indicates this is a removal, complete 3B(2)b. Enter the date the child was formally removed from the home.

PART I - GENERAL CASE INFORMATION (For dates, if day is unknown, leave space blank, but give month and year) - (Continued)

- Item 4 Date child arrived in the United States. Enter the date the child arrived in the United States.
- Item 5 Date child began living with this family. Enter the date the child began living with this family. This includes placement prior to adoptive placement in this country (e.g., foster care) or in the foreign country.
- Item 6 Was another licensed adoption agency in the United States involved in arranging this placement?
Enter an "X" in the appropriate box.
- Item 7 Was an unlicensed adoption facilitator in the United States involved in arranging this placement?
Enter an "X" in the appropriate box. This item concerns the use of facilitators to locate children for adoption. It does not concern the use of facilitators to arrange transportation or other logistics.

PART II - DATA ON CHILD

- Item 8 Sex. Enter an "X" in the appropriate box.
- Item 9A Birthdate. Enter month, day and year of child's birth.
- Item 9B Is the birthdate assigned or actual? Enter the code to indicate whether the date given is known to be the child's actual birthday or whether the actual birthdate is unknown and the date given is assigned.
- Item 10 Was this child known to the family or selected by an agency? Enter the code to indicate whether the family located this child with the assistance of an adoption agency.
- Item 11 Primary reason child is available for adoption. Enter the code to indicate primary reason child is available for adoption:
- 1 Parent(s) deceased - both birth parents are deceased, or one is deceased and the surviving birth parent has stated in writing that he or she is unable to parent.
 - 2 Child abandoned - the child was abandoned by both parents or abandoned by one parent and the remaining parent has stated in writing that he or she is unable to parent.
 - 3 One parent deceased and other parent abandoned - either one parent died and the other parent then abandoned the child or one parent abandoned the child and the remaining parent subsequently died.
 - 4 Other - check this item if none of the above apply and briefly explain.

PART II - DATA ON CHILD - (Continued)

Item 12 Was this child previously placed for adoption with another family? (Adoptive placement agreement was signed). Enter an "X" in the appropriate box. Do not list a foster placement when the adoptive placement agreement was not signed.

Item 12B Number of previous adoptive placements. Enter the number of previous formal adoptive placements. Do not count placements where at least one adoptive parent is the same as the parent in the former placement as separate placements.

Item 13 Indicate if the child has any of the following conditions. (Check all that apply.) Enter an "X" in the appropriate boxes. If the child has none of the indicated conditions, enter an "X" in the last box.

"Mental retardation" means significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affects a child's/youth's socialization and learning diagnosed by a qualified professional.

"Visual or hearing impairment" means having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance as diagnosed by a qualified professional.

"Physical disability" means a physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities as diagnosed by a qualified professional.

"Emotional disturbance" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationship; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. This condition must be clinically diagnosed based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (i.e., DSM IV).

"Medical condition" means any physiological condition not described in the above four conditions such as dependency on life support devices (e.g., respirators, dialysis machines) or conditions such as cancer, diabetes, heart disease and genetic disorders.

"Behavioral problems" means behaviors that are abusive, aggressive or disruptive in ways detrimental to life, comfort and/or property of the child and/or others.

PART II - DATA ON CHILD - (Continued)

“Developmental delay” means that the child, while not developmentally disabled, is functioning below age level in a way that requires special education or other special treatment.

“Language developmental delay” means that the child’s development appears normal except for delayed speech development.

“Attention deficit disorder (ADD/ADHD)” means that the child has been diagnosed as having attention-deficit disorder or attention-deficit/hyperactivity disorder by a qualified professional.

“Adverse parental background - mentally ill birth parent” means that at least one of the child’s birth parents had a mental illness such as bipolar disorder or schizophrenia that may be hereditary.

“Adverse parental background - drug exposed during pregnancy” means that the birth mother admitted to using drugs during pregnancy or tested positive for drugs during pregnancy or at the time of delivery or that the child tested positive for drugs at the time of birth. “Drugs” means controlled substances specified in Schedules I to V inclusive of Division 10 (commencing with Section 11000) of the Health and Safety Code.

“Adverse parental background - Other adverse parental background” means parental conditions or actions other than parental mental illness or prenatal drug exposure which are likely to lead to the development of health conditions in the child. Abuse and neglect of the child are included in this category.

“No problems identified” means that the child has none of the problems listed above.

PART III - DATA ON BIRTH PARENT(S)

Item 14 Birthdates of birth parents. If dates are unknown, mark the unknown box next to the appropriate parent. If approximate in that no exact birthdate or age is known, mark the “estimate” box.

Item 15 Did either of the birth parent(s) meet the adoptive parent(s) face-to-face? Check appropriate box. If relative placement, “X” yes unless they never met.

PART IV. DATA ON LEGAL/BIRTH PARENTS AND ADOPTING PARENT(S)

Items 16 and 17 will be completed by entering the code in the appropriate box in each column. However, for single parent adoptions, draw a vertical line through all the possible responses for the inapplicable parent.

Item 16A Race. Enter an "X" in the appropriate box for each person to show the racial background of each of the birth parents and adopting parent(s). If the parent is of mixed race, indicate the background by checking the primary race. In cases of mixed race where no one race is primary, determine the race using the following order: Alaskan Native/American Indian, black, Filipino, Asian, white, unknown. For example, if a person is a mixture of American Indian and black, check Alaskan Native/American Indian; if a person is a mixture of black and white, check black; if a person is a mixture of Filipino and Chinese, check Filipino. etc.

"White" means a person whose ancestry is of European, North African, or Middle Eastern origin.

"Black" means a person whose ancestry is any of the racial groups of Africa except northern Africa.

"Other Asian/pacific Islander" means a person whose ancestry is in the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands whose specific place of origin is not listed in items 05 through 16.

"Filipino" means a person whose ancestry is of the Philippine Islands.

"Alaskan Native/American Indian" means a person whose ancestry is of the Americas and who maintains tribal affiliation or is so recognized in the community.

"Chinese" means a person whose ancestry is of China.

"Cambodian" means a person whose ancestry is of Cambodia.

"Japanese" means a person whose ancestry is of Japan.

"Korean" means a person whose ancestry is of Korea.

"Samoan" means a person whose ancestry is of Samoa.

"Asian/Indian" means a person whose ancestry is of the Indian Subcontinent.

"Hawaiian" means a person whose ancestry is of the Hawaiian Islands.

"Guamanian" means a person whose ancestry is of Guam.

"Laotian" means a person whose ancestry is of Laos.

"Vietnamese" means a person whose ancestry is of Vietnam.

"Unknown" means that it is not possible to place the person in any of the above categories.

PART IV. DATA ON LEGAL/BIRTH PARENTS AND ADOPTING PARENTS(S) - (Continued)

- Item 16B Is this person of Hispanic origin? Enter the correct code (1 = Yes, 2 = No) for each person. This item is separate from Item 18 and both items must be completed for each person. For example, a person from Cuba might be black and Hispanic; a person from Mexico, white and Hispanic; a person from Peru, Japanese and Hispanic.
- Item 17 Education. Enter a code to show the highest year of schooling completed by each birth parent and each adopting parent. Consider completion of work in regular schools only (such as public, private or parochial schools, colleges, universities or professional schools). Post secondary training in trade schools should be included in Section "D".

PART V - DATA ON ADOPTING PARENT(S)

- Item 18 Date application received. Enter month, day and year that the agency received the signed application from the adopting parent(s).
- Item 19 Date approved for placement. Enter month, day and year in which the home was approved for placement of a child. The date must be prior to the date the adoptive placement agreement was signed.
- Item 19A Did the adoptive parent(s) go to the foreign country?
- Item 19B If "Yes", was trip optional or required?
- Item 19C How many trips did the adoptive parent(s) make to the foreign country? Indicate whether the adoptive parents traveled to the foreign country to meet the child. If "Yes", was this trip required by the foreign country or optional? Also, enter the number of trips made by the adoptive parents for purposes of adoption.
- If the adopting parents are a couple who traveled together, then count each trip as one trip. If they are a couple who each traveled to the foreign country at different times, then count as two (or more) trips.
- Item 20 Is the child being adopted by only one adopting parent? For this item, indicate whether the child is being adopted by a couple (e.g., both a mother and father, or one parent, either a mother or a father, Code 2 or 3). "Single-parent" has no reference to the marital status of the adopting parent.
- Item 21 Is adopting parent(s) related to the child by blood, marriage or through previous adoptions? Enter a code in the appropriate box.

PART V - DATA ON ADOPTING PARENT(S) - (Continued)

Item 22 Marital status of adopting parent(s) at time of placement. Enter a code in the appropriate box. This item reports the marital status of each adopting parent. For each parent, indicate marital status at the time of placement.

Item 23 Birthdates of adopting parent(s). If exact birth date or age is unknown, estimate age and write "Estimate" next to the information shown.

Item 24 Number of minor children in family of adopting parent(s). Enter number of children where appropriate. Do not enter zeros.

"Other children being adopted at this time" refers to children in the home (other than the subject of this report) for whom an adoptive placement agreement has been, or soon will be, signed.

"Previously adopted" means those children for whom an adoption has been finalized (excluding stepparent adoptions).

"Natural children" refers to either or both of the prospective adopting parents' biological children and not those being adopted or previously adopted.

"Foster children" refers to those children in foster care with none of the above actions pending or in progress.

"Wards" refers to children for whom the adopting parents are the legal guardians.

"Other children" means the number of other minor children in the family of the adopting parents living in the home. This includes relative, etc.

"Total minor children in family" means the total number of children listed in Items 24A through G. If there are no other children in the home, the total will be one.

Item 25 Number of adults living in adoptive home at time of placement. Enter the number in the appropriate box. Identify those adults who currently plan to live within the adoptive home for longer than three months.

Item 26 Employment status of adoptive parent(s) prior to adoptive placement of this child. Enter an "X" in the appropriate box.

Item 27 Annual gross income of adopting parent(s). Enter the annual gross income (earned and unearned from all sources before taxes and other deductions) of the prospective adoptive parent(s) for the year preceding placement of the child. Include public assistance payments. If self-employed, use gross taxable earnings.

PART V - DATA ON ADOPTING PARENT(S) - (Continued)

Item 28 Adoption agency fee paid by adopting family for this child. Enter the sum which the agency and the adopting parent(s) agreed upon as the family's fee for placement services for this child. If the fee was waived write "0" in Item 30A. If the agency fee includes more than one child, divide the total amount among all of the children being placed. If the family paid a fee to more than one agency, the total fees paid to all agencies should be entered.

Enter the appropriate code in Item 28B. Agencies who determine fees with sliding scales should use code 01 (full amount) if the fee was the agency's maximum fee and code 02 (reduced) if the fee was less than the maximum fee.

PART VI. - DATA ON REMOVAL

Note: Complete Items 29, 30 and 31 only if the adoption was not completed and the child was removed from the adoptive placement. Removals from adoptive placement include cases where the child remains in the home, but not as an adoptive child (e.g., long-term foster care, guardianship). Removals do not include cases where the child was replaced with at least one of the parents from whom he or she was removed.

Item 29 Enter code to indicate the primary reason for removal. Enter the appropriate code describing the reason for the child's removal from the adoptive placement. If two or more factors are present, select the most important factor.

Item 30 The immediate plan at the time of removal. Enter the code that describes the agency's current short-term plan for the child. For example, if the plan is to place the child in an already identified adoptive home after a brief foster placement, the plan is placement in another adoptive home. However, if the plan is to place the child in a foster placement with the intention of developing an adoptive placement with an as yet unidentified family, the plan is placement in a nonrelative foster home.

Item 31 Check any of the following services which were provided during the adoptive placement. Check the appropriate boxes. Individual and family counseling includes both services provided by agency staff and by others to any family member(s), including the child.

Form completed by:

The person completing the form should print his/her name, the date completed and telephone number where you can be reached during normal working hours.